

2004 Carrier Product Portfolio

Plan Year 2003

Available Plans:

Plan A

Plan B

Plan C

Plan Year 2004

Plan A – Closed to new sales 2/1/04

Plan B – Open to new and renewing sales

Plan C – Open to new and renewing sales

Question: Is there a filing requirement for Plan A?

Answer: Yes. Carrier must refile within each 18-month period standard master contract. Additionally, OIC requests carrier provide notice of plan closure. Please see example.

EXAMPLE: COVER LETTER – CLOSED PLAN

NOVEMBER 1, 2003

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Contract Number: A-04
Product Name: Plan A
Proposed Effective Date: February 1, 2004

Dear Insurance Policy/Analyst:

The purpose of this letter is to inform you that Washington Carrier has closed Plan A to new sales effective February 1, 2004. Groups will be allowed to renew their coverage per RCW 48.43.035. We understand this filing is closed to new sales, but is still regulated per WAC 284-43-920. As such, Washington Carrier will comply with filing timeframes set forth in the code or as required by legislative action.

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

| | | | | | |
|---------------------------------------|--|---|--|--|----------|
| 1. Company ID WASHCOMPANY1234 | | 2. Company Name WASHINGTON CARRIER | | For OIC Use Only | |
| 3. Date Submitted NOVEMBER 1, 2003 | | 4. Proposed Effective Date FEBRUARY 1, 2004 | | [] File ID [] Analyst | |
| | | | | Date | Initials |
| 5. Contact ANGELA BARNES | | 6. Title MANAGER, CONTRACTS | | Approved | |
| | | | | Reviewed | |
| 7. Phone (000) 000-0000 | | 8. Fax # (000) 000-0000 | | Withdrawn | |
| | | | | Disapproved | |
| 9. E-Mail ABARNES@WACARRIER.COM | | 10. Purpose of Filing TO FILE CLOSURE CORRESPONDENCE | | Acknowledged | |
| | | | | State Tracking # | |

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

| | | A | B | C |
|---|---|--|--|---|
| Line of Insurance | | Contract # Effective Date | Prior Contract # Effective Date | Product Name |
| STANDARD MASTER CONTRACT | | | | |
| 11. | <input type="checkbox"/> Large Group Contract (51+) <input type="checkbox"/> Small Group Contract (2-50) <input type="checkbox"/> Group Application <input type="checkbox"/> Member Application <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Endorsement/Rider | | | |
| 12. | <input type="checkbox"/> Individual <input type="checkbox"/> Application <input type="checkbox"/> Endorsement/Rider | | | |
| 13. | <input type="checkbox"/> Conversion <input type="checkbox"/> Endorsement/Rider | | | |
| 14. | <input type="checkbox"/> Network Reports <input type="checkbox"/> Access Plan <input type="checkbox"/> Form B – Network Enrollment <input type="checkbox"/> GeoGraphic Network Report | | | |
| 15. | <input checked="" type="checkbox"/> Other | A-04, 2-1-04 | | Plan A - CLOSURE NOTICE |
| 16. | <input type="checkbox"/> Small Group Limited Schedule of Benefits <input type="checkbox"/> Group Application <input type="checkbox"/> Member Application <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Endorsement/Rider <input type="checkbox"/> Benefit Brochure | | | |
| PRIOR APPROVAL | | Agreement #/Effective Date | Prior Agreement #/Effective Date | |
| 17. | <input type="checkbox"/> Provider Agreement | | | |
| 18. RATE | | Contract #/Effective Date | Prior Contract #/Effective Date | Negotiated Contract #/Effective Date |
| <input type="checkbox"/> Proprietary <input type="checkbox"/> For-Public | | | | |
| 19. NEGOTIATED CONTRACT | | <input type="checkbox"/> Employer <input type="checkbox"/> Paperwork | <input type="checkbox"/> Association <input type="checkbox"/> Paperwork | <input type="checkbox"/> Government <input type="checkbox"/> Paperwork |
| | | <input type="checkbox"/> Fully Negotiated <input type="checkbox"/> Short-Form Filing | <input type="checkbox"/> Trust <input type="checkbox"/> Paperwork | <input type="checkbox"/> Union <input type="checkbox"/> Paperwork |
| Negotiated Contract Number: | | Effective Date: | | |
| Group Name: | | Group Number: | | |
| Standard Master Contract Number (short form filings only): | | Effective Date: | | |
| Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached) | | | | |
| 20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.) | | | | |
| Negotiated Endorsement/Rider Form #: | | Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage | | |
| Please note that rate filings and form filings must be submitted together for new plans | | | | |